

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08974584

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10	1					
11	1					
12	1					
13		3				
14		3				
15		3				
16	1					
17	1					
18	1					
19		6				
20		6				
21	1					
22		6				
23		6				
24		6				
25		6				
26		6				
27	1					
28		6				
29		6				
30		6				
31		6				
32		6				
33	1					
34	1					
35		6				
36	1					
37	1					
38	1					
39		3				
40		3				
41	1					
42	1					
43	1					
44	1					
45	1					
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.	21					
TOTAL DEP.		150				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3	1			
52		6				
53		6		11		
54		6		1		
55		6				
56	1					
57		1				
58	1					
59	1					
60	1					
61		6				
62		6				
63		6				
64		6				
65		8				
66		8				
67	1					
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74	1					
75		1				
76		1				
77		1				
78		1				
79		1				
80		3				
81		3				
82		3				
83	1					
84		1				
85		1				
86	1					
87		1				
88		1				
89		4				
90		4				
91		4				
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.	17		2			
TOTAL DEP.		92		12		
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS